

TOTAL LOSS STATEMENT

North Dakota Department of Transportation, Motor Vehicle
SFN 53386 (8-2018)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVEARD AVE
BISMARCK ND 58505-0780
Telephone (701)328-2725
Website: <https://dot.nd.gov>

THIS WILL CERTIFY THAT

| | | | |
|-----------------|------|------------------|----------|
| Owner | | Telephone Number | |
| Mailing Address | City | State | ZIP Code |

Received compensation for the following vehicle:

| | | | | |
|---|------|-------------------------------|-----|------|
| Year | Make | Vehicle Identification Number | | |
| Which was a total loss as a result of an incident/crash occurring on: | | Month | Day | Year |
| Claim Number (Required) | | Date of Payment (Required) | | |

NOTE: Credit can be claimed no more than three years from date compensation was received.

| | |
|-----------------------|--|
| TOTAL LOSS AMOUNT | |
| LESS DEDUCTIBLE | |
| LESS RETAINED SALVAGE | |
| AMOUNT PAID TO OWNER | |

| | | |
|---------------------------|-------|----------|
| Name of Insurance Company | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |

| FOR MVD USE ONLY | |
|--|--------------|
| NOTE: you must retain this form to obtain future credit. | |
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |

| | |
|----------------------|---|
| Name (Type or Print) | Signature of Authorized Agent (sign before a Notary Public or Authorized Officer) |
|----------------------|---|

Acknowledgement

| | |
|---|--------------------|
| State of | |
| County of | |
| Signed and sworn to (or affirmed) before me on this day _____ (month, day, year) | |
| Name of Notary Public or other Authorized Officer (Type or Print) | Affix Notary Stamp |
| Signature of Notary Public or other Authorized Officer | |
| Commission Expiration Date (if not listed on stamp) | |